

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant or Patentee: Steven M. Tracy and Nora M. Chapman

Application or Patent No.: NOT YET ASSIGNED

Filed or Issued: CONCURRENTLY HEREWITH

For: Improved Live Attenuated Viruses for Use as Vectors or Vaccines

**VERIFIED STATEMENT (DECLARATION) SUPPORTING ANOTHER'S CLAIM FOR
SMALL ENTITY STATUS [37 CFR §1.9(f) AND §1.27(d)] - NONPROFIT ORGANIZATION**

I hereby declare that I am making this verified statement to support a claim by the above-identified applicant or patentee for small entity status for purposes of paying reduced fees with regard to the above-identified invention described in

☒ (X) the specification filed herewith

☐ () U.S. Application No. _____, filed _____

☐ () U.S. Patent No. _____, issued _____

I hereby declare that I am an official empowered to act on behalf of the nonprofit organization identified below:

FULL NAME OF ORGANIZATION:

BOARD OF REGENTS OF THE
UNIVERSITY OF NEBRASKA

TYPE OF ORGANIZATION

☒ (X) University or other institution of Higher education

☐ () Tax exempt under U.S. Internal Revenue Code [26 USC §501(a) and

☐ () Nonprofit scientific or educational under statute of state of U.S.A.

ADDRESS OF ORGANIZATION:

Regents Hall
3835 Haldrege Street
Lincoln, NE

Name of State:

Citation of Statute:

☐ () Would qualify as tax exempt under U.S. IRC if located in U.S.A.

☐ () Would qualify as nonprofit scientific or education under statute of state of U.S.A. if located in U.S.A.

Name of State:

Citation of Statute:

I hereby declare that the nonprofit organization identified above qualifies as a nonprofit organization as defined in 37 CFR §1.9(e) for purposes of paying reduced fees under section 41(a) and (b) of Title 35, United States code to the above-identified invention.

I hereby declare that rights under contract or law have been conveyed to and remain with the nonprofit organization with regard to the above-identified invention.

If the rights held by the nonprofit organization are not exclusive, each individual, concern or organization known to have rights to the invention is listed below* and the organization knows of no rights to the invention being held by any person, other than the inventor, who could not qualify as an independent inventor under 37 CFR §1.9(c) if that person had made the invention, or by any concern which would not qualify as a small business concern under 37 CFR §1.9(d) or by a nonprofit organization under 37 CFR §1.9(e).

FULL NAME:

ADDRESS:

☐ () INDIVIDUAL ☐ () SMALL BUSINESS CONCERN ☐ () NONPROFIT ORGANIZATION

FULL NAME:

ADDRESS:

☐ () INDIVIDUAL ☐ () SMALL BUSINESS CONCERN ☐ () NONPROFIT ORGANIZATION

* NOTE: Separate verified statements are required from each named person, concern or organization having rights to the invention averring to their status as small entities. (37 CFR §1.27)

I acknowledge the duty to file, in this application or patent, notification of any change in status resulting in loss of entitlement to small entity status prior to paying, or at the time of paying the earliest of the issue fee or any maintenance fee due after the date on which status as a small entity is no longer appropriate (37 CFR §1.28(b)).

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application, any patent issuing thereon, or any patent to which this verified statement is directed.

Name of Person Signing: Linda S. Johnson

Title in Organization: Associate Director, Intellectual Property Office

Address: University of Nebraska Medical Center, 986099 Nebraska Medical Center, Omaha, NE 68198-6099

Signature:

Linda S. Johnson

Date: October 6, 2000

I acknowledge the duty to disclose information, which is material to patentability as defined in 37, Code of Federal Regulations, Section 1.56.

CLAIM FOR BENEFIT OF PRIOR U.S. PROVISIONAL APPLICATION(S)
(35 U.S.C. Section 119(e))

I hereby claim the benefit under Title 35, United States Code, Section 119(e) of any United States provisional application(s) listed below:

PROVISIONAL APPLICATION NUMBER

FILING DATE

60/081,138

April 9, 1998

POWER OF ATTORNEY

I hereby appoint the following practitioner(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith.

APPOINTED PRACTITIONER(S)

REGISTRATION NUMBER(S)

Janet E. Reed

36,252

Alfred W. Zaher

42,248

Bruce D. George

43,631

COMBINED DECLARATION AND POWER OF ATTORNEY

**(ORIGINAL, DESIGN, NATIONAL STAGE OF PCT, SUPPLEMENTAL, DIVISIONAL,
CONTINUATION, OR C-I-P)**

As a below named inventor, I hereby declare that:

TYPE OF DECLARATION

This declaration is for a national stage of PCT application.

INVENTORSHIP IDENTIFICATION

My residence, post office address and citizenship are as stated below, next to my name. I believe that I am an original, first and joint inventor of the subject matter that is claimed, and for which a patent is sought on the invention entitled:

TITLE OF INVENTION

Improved Live Attenuated Viruses for Use as Vectors or Vaccines

SPECIFICATION IDENTIFICATION

The specification was filed on April 9, 1999, as International Application Number PCT/US99/07854.

ACKNOWLEDGMENT OF REVIEW OF PAPERS AND DUTY OF CANDOR

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

SEND CORRESPONDENCE TO

DIRECT TELEPHONE CALLS TO:

Janet E. Reed
Centre Square West
1500 Market Street, 38th Floor
Philadelphia, PA 19102-2186
US

Janet E. Reed
215-972-8386

DECLARATION

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

SIGNATURE(S)

Steven M. Tracy

Inventor's signature

Date 9-29-00

Country of Citizenship US

Residence Omaha, NE US

Post Office Address 1622 N. 53rd Street, Omaha, NE 68104 US

Nora M. Chapman

Inventor's signature

Date 10.4.00

Country of Citizenship US

Residence Omaha, NE US

Post Office Address 1622 N. 53rd Street, Omaha, NE 68104 US